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## **TOWN OF GRAFTON**

GRAFTON MEMORIAL MUNICIPAL CENTER 30 PROVIDENCE ROAD GRAFTON, MASSACHUSETTS 01519

Phone: (508) 839-5335 ext 1170 • FAX: (508) 839-4602 www.grafton-ma.gov

## TREASURER / COLLECTOR

## **Certificate of Good Standing**

Applicants seeking permits with the Town of Grafton must submit this completed form at the time of application. When all obligations are paid to date, you must attach this "Certificate of Good Standing," with your application. Delinquent bills must be paid in full before the appropriate department accepts your application. Please make arrangements to pay these outstanding bills at the Collector's Office.

Please note: it can take up to three (3) business days to process each request.

Please check all that apply and indicate if permit(s) have been issued.

	Permit					Permit Issued?	
☐Building - Inspection(s)	Yes	No	□So	ptic System	Yes	No	
□Building - Electric				onservation		-	
_							
□Building - Plumbing				anning			
□Board of Health			□Ot	her			
Other Permit:							
Petitioner Name			Prop	Property Owner / Company Name			
Petitioner Address			Property Address				
				· ·			
City, State, Zip				Grafton, MA City, State, Zip			
Phone							
Date:		Curr	ent	Delinque	nt.	N/A	
Real Estate							
Personal Property							
Motor Vehicle Excise							
Disposal							
General Billing							

Treasurer / Collector Signature

Date

Form Revised: 01/22/2014

Treasurer / Collector Name (please print)